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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032772

1. Corporation Name
LEAPFROG SMART PRODUCTS, INC.

Principal Place of Business / Mailing Address
545 DELANEY AVE., BLDG. 2
ORLANDO, FL. 32801

3. Date Incorporated or Qualified: 4/11/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 545 DELANEY AVE.
Suite, Apt. #, etc: 22 BLDG. 2
City & State: 23 ORLANDO, FLORIDA
Zip: 24 32801 Country: 25 U.S.A.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-3371343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RANDOLPH TUCKER
1102 ELMWOOD ST. #B
ORLANDO, FL. 32801

10. Name and Address of New Registered Agent

81 Name: DALE GROGAN
82 Street Address (P.O. Box Number is Not Acceptable): 545 DELANEY AVE., BLDG. 2
83
84 City: ORLANDO FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ✓ [signature] (DALE GROGAN) ✓ 6-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RANDOLPH TUCKER 1102 ELMWOOD ST. #B ORLANDO, FL. 32801	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASURER GEORGE MAC KAY 501 PAWNEE TRAIL MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/SECTY. DALE GROGAN 545 DELANEY AVE., BLDG. 2 ORLANDO, FL. 32801	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JIM HEENAN 3601 EXECUTIVE DRIVE, SUITE 220 CLEARWATER, FL. 34622	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002226657 -06/30/97--01073--033 ***550.00	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ [signature] (RANDOLPH TUCKER) ✓ 6-23-97 (407) 872-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone